



63rd Annual Meeting of the Meteoritical Society

CHICAGO • ILLINOIS

AUGUST 28 — SEPTEMBER 1

www.lpi.usra.edu/meetings/metsoc2000/

HOTEL INTER-CONTINENTAL ROOM RESERVATION INFORMATION

Reservations must be made by August 4, 2000 and need to be guaranteed with a credit card. There is no charge for canceling a reservation if you provide notice up to 24 hours prior to your arrival date; if cancellation is made within 24 hours of arrival date, your credit card will be charged one night's room rate and taxes. **All reservation requests are on a first-come, first-served space available basis, and therefore, it is highly recommended that reservations be made at the earliest possible date.**

To make reservations contact: Hotel Inter-Continental
Attn: Room Reservations
505 N. Michigan Avenue
Chicago IL 60611, USA
Phone: 800-628-2112; fax: 312-321-8725

Although you may fill out the attached reservation form and mail or fax it, the preferred mode of making room reservations is to call the hotel directly. **If calling by phone to make reservations, please be sure to mention that you are attending the Meteoritical Society Meeting to get the special room rate.**

PLEASE NOTE:

1. Room rate is equivalent to the U.S. Government rate for the city of Chicago (\$130 plus tax, single or double occupancy).
2. Family Plan: No charges for children under the age of 14 when sharing a room with two adults.
3. A fee of \$20 per day will be assessed for an additional person over the age of 14 when sharing a room with two adults. A maximum of three adults to a room is allowed.
4. Check-in time is 3:00 p.m.; check-out time is 12:00 noon.

IF MAILING OR FAXING YOUR RESERVATION REQUEST, PLEASE NOTE THAT ONE ROOM RESERVATION CAN BE MADE PER FORM. Should you require additional rooms, please make extra copies as needed.

HOTEL INTER-CONTINENTAL ROOM RESERVATION FORM

I am attending the **Meteoritical Society Meeting** to be held at the Hotel Inter-Continental August 28–September 1, 2000. Please reserve the following accommodations for me.

The following information is required [place an X in the applicable box(es)].

Card Holder's Name: _____

Card Number: _____ Expiration Date: _____

Room Reservation For (give number of adults and children): Adults _____ Children _____

Mailing Address: _____

Contact Phone Numbers: Work _____ Home _____

E-mail: _____

Arrival Date/Time: _____ Departure Date/Time: _____

I would prefer: ☐ Single (king) bed ☐ Two double beds

Other Preferences: ☐ Smoking ☐ Nonsmoking

Signature: _____ Date: _____